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Intellectual Property Law

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FACSIMILE TRANSMISSION COVER SHEET

DATE:

December 15, 2005

TO:

Examiner Kamal A. Saeed Group Art Unit 1626 Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

RE:

U.S. Patent Application No. 10/723,208

For: NOVEL ARYLAMINOPROPANE ANALOGUES AND THEIR USE FOR THE TREATMENT OF GLAUCOMA

Our Ref: 2162 (3010-009-01)

FROM:

Luke A. Kilyk, Esq. 34

FAC. TEL. NO.:

1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 20

Items Attached: Request for Reconsideration -- 4 pages

Exhibits 1 & 2 -- 12 pages

Petition for 1-month Extension of Time -- 1 page

Credit Card Payment Form -- 1 page

Fee Transmittal -- 1 page

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-8300 on December 15, 2005.

Kim Blum

Name (Print)

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Fee Code

1202

Signature

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KILYK BOWERSOX PLLC

5 2005 PTO/SB/17 (10-03) .1

Approved for use through 07/31/2008. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL 10/723,208 Application Number November 26, 2003 Filing Date for FY 2005 First Named Inventor HELLBERG et al. Kamal A. Saeed Examiner Name Effective 10/01/2003. Patent fees are subject to annual revision. Art I Init 1626 Applicant Claims small entity status. See 37 CFR 1.27 2162 (3010-009-01) Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$) 120.00 METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) **ADDITIONAL FEES** Check X Credit card Money Other Large Entity | Small Entity Fee Fee Paid Fee Description X Deposit Account Code (\$1 (\$) 1051 130 2051 65 Surcharge - late filing fee or oath 50-0925 Deposit Account Surcharge - late provisional filling fee or 50 2052 Kilyk & Bowersox, P.L.L.C. 052 Name 1053 1053 The Director is authorized to: (check all that apply) 130 130 Non-English specification Charge fee(s) indicated below X Credit any overpayments 1812 2,520 1812 For filing a request for ex parte reexamination 2.520 Requesting publication of SIR prior to X Charge any additional fee(s) or any underpayment of fee(s) 1804 920* 1804 920" Charge fee(s) indicated below, except for the filling fee Requesting publication of SIR after Examiner action 1805 1,840* 1805 1.840* to the above-identified deposit account FEE CALCULATION Extension for reply within first month 1251 120 2251 60 120.00 1252 450 2252 225 Extension for repty within second month 1. BASIC FILING FEE 1253 1020 2253 510 Extension for reply within third month Large Entity Small Entity Fee Code Fee Code Fe((\$) Fee Description Fee Paid 2254 1254 1590 795 Extension for reply within fourth month **(\$)** 1255 2,160 2255 1,080 Extension for reply within fifth month 2011 395 1011 790 Utility filing fee 500 2401 250 1401 Notice of Appeal 1012 350 2012 175 Design filing fee 2013 1402 500 2402 250 Filing a brief in support of an appeal 278 Plant filing fee 1013 550 1403 1,000 2403 500 Request for oral hearing 1014 2014 395 Reissue filing fee 1451 1.510 1451 1.510 Petition to institute a public use proceeding 1005 200 2005 100 Provisional filing fee 1452 500 2452 250 Petition to revive - unavoidable 1453 1,500 SUBTOTAL (1) (\$) 0.00 2453 750 Petition to revive - unintentional 1501 1,400 2501 700 Utility issue fee (or reissue) 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from 1502 800 2502 400 Design issue fee Fee Paid Extra Claim below 1,100 2503 Total Claims -20**= x 1503 550 Plant issue fee Independent Claims Х 1460 130 1460 130 Petitions to the Commissioner Processing fee for provisional applications Multiple Dependent 1807 50 1807 50 Large Entity Small Entity 1806 180 1806 Submission of Information Disclosure Stmt Recording each patent assignment per

For each additional invention to be 1201 200 2201 100 Independent claims in excess of 3 1810 790 2810 395 examined (37 CFR 1.129(b)) 790 2801 395 Request for Continued Examination (RCE) 1203 360 2203 180 Multiple dependent claim, if not paid 1801 Request for expedited examination of a design application *Reissue Independent claims over original patent 1204 200 2204 100 1802 900 1802 900 *Reissue claims in excess of 20 and over original patent 1205 50 2205 SUBTOTAL (2) (\$) 0.00 Other fee (specify) SUBTOTAL (3) (\$) 120.00 or number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid SUBMITTED BY Complete (if applicable) Registration No Name (Print/Type) Telephone Luke A. Kilyk 33,251 1-540-428-1701 (Attorney/Agent)

40 8021

790 2809 40

395

property (times number of properties) Filling a submission after final rejection

December 15, 2005

(37 CFR 1.129(a))

8021

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Kim Blum	Kim Blum
Name (Print)	Signature

Fee Description

25 Claims in excess of 20